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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-55 WATER STREET ADDRESS (number and street) Check if different than previously **NEW YORK** NY 10041 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00412247 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 12 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jay A. Schoenfeld Type or Print Name of Treasurer Electronically Filed by Jay A. Schoenfeld 0 1 30 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PAC) D D 0.7 0 1 2007 1.2 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date Cash on Hand Ž007 28126.00 January 1 (b) Cash on Hand at 52631.00 Begining of Reporting Period 26800.00 55305.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 79431.00 83431.00 6(a) and 6(c) for Column B) 7500.00 11500.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 71931.00 71931.00 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PAC)

Report Covering the Period: From:	0 7 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 12 31 2007
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	16250.00	34850.00
(ii) Unitemized	10550.00	20455.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26800.00	55305.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26800.00	55305.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26800.00	55305.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26800.00	55305.00

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DIS	BURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating E Share 	Expenditures: ————————————————————————————————————		
	/ (from Schedule H4)	0.00	0.00
(i) F	ederal Share	0.00	0.00
(ii) N	on-Federal Share	0.00	0.00
(b) Other	Federal Operating	0.00	0.00
•	ditures	0.00	0.00
	Operating Expenditures 1(a)(i), (a)(ii) and (b))	0.00	0.00
2. Transfers to	Affiliated/Other Party		
Committees 3. Contribution	s	0.00	0.00
Federal Car	odidates/Committees	7500.00	11500.00
and Other r 1. Independer			
(use Sched	ule E)	0.00	0.00
Committees	d Expenditures Made by Party s (2 U.S.C. 441a(d))	0.00	0.00
(use Sched	ule F)	0.00	0.00
6. Loan Repay	ments Made	0.00	0.00
7. Loans Made	e	0.00	0.00
	Contributions To: uals/Persons Other		
	Political Committees	0.00	0.00
(b) Politica	al Party Committees	0.00	0.00
(c) Other	Political Committees	0.00	0.00
`	as PACs)	0.00	0.00
` '	Contribution Refunds ines 28(a), (b), and (c))	0.00	0.00
`			
9. Other Disbu	ursements	0.00	0.00
). Federal Ele	ection Activity (2 U.S.C 431(20))		
` '	Federal Election Activity		
`	chedule H6)	0.00	0.00
(I) Fea	eral Share		
(ii) "Le	evin" Share	0.00	0.00
` '	I Election Activity Paid Entirely	0.00	0.00
	ederal Funds		
	ederal Election Activity (add 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbu	ursements (add Lines 21(c), 22,		
23, 24, 25,	26, 27, 28(d), 29 and 30(c))	7500.00	11500.00
2. Total Fede	ral Disbursements		
	ine 21(a)(ii) and Line 30(a)(ii)		
	31)	7500.00	11500.00

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	26800.00	55305.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	26800.00	55305.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

ITEMIZ Any inform	DULE A (FEC Form 3X) ZED RECEIPTS nation copied from such Reports and State	ements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 11 In for the purpose of soliciting contributions
NAME	mercial purposes, other than using the nar OF COMMITTEE (In Full) TH INSURANCE PLAN OF GREAT		• •	
Full Na David A	me (Last, First, Middle Initial) Abernethy Address 636 F. Capitol St., NF			Date of Receipt
	Address 636 E. Capitol St., NE			09 05 7 2007
City		State	Zip Code	Transaction ID: SA11AI.4958
FEC ID	ington O number of contributing political committee.	C	20003	Amount of Each Receipt this Period 750.00
Name of HIP He	aalth Plan of NV	Occupation Operation		
	t For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Na Stacey	me (Last, First, Middle Initial) Blair-Greenfield			Date of Receipt
	Address 80 Bay St. Landing Apt 1B			08 / 29 / Y Y Y Y Y Y
City	n Island	State NY	Zip Code 10301	Transaction ID: SA11AI.4954 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	10001	250.00
Name o Health NY	Incurance Dian of	Occupation Compliar		
	t For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 250.00	
	ıme (Last, First, Middle Initial) n Bynum			Date of Receipt
Mailing	Address 716 Rosedale Ave			1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bronx	:	State NY	Zip Code 10473	Transaction ID: SA11AI.5051 Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Name o Health NY	Incurance Plan of	Occupation Managing	n g Director of IS	payroll deduction - 5 periods @ \$50 per
	t For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SURTOT	AL of Receipts This Page (optional)			1250.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/18 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and r for commercial purposes, other than using t	Statements may n	ot be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) HEALTH INSURANCE PLAN OF GF C)	REATER NEW Y	ORK FEDERAL PAC (HII	PHEALTH PLAN FEDERAL PA-
۷.	Full Name (Last, First, Middle Initial) Arthur J. Byrd			Date of Receipt
	Mailing Address 55 Water St. 13th Floor			12 31 2007
	City New York	State NY	Zip Code 10041	Transaction ID: SA11AI.5052 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer HIP Health Plan of New Yo-	Occupation VP - Treas	urer and Investor Relation	payroll deduction - 5 periods @ \$100 per
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Christopher Chappelear			Date of Receipt
	Mailing Address 29 Kensington Terr.			12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.5055
	Maplewood	NJ	07040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HIP Health Plan of NY	Occupation Underwrite	r	payroll deduction - 5 per- iods @ \$50 per
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) E. McMichael Clark, Jr.			Date of Receipt
	Mailing Address 224 Lattingtown Rd.			1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5058
	Locust Valley	NY	11560	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer HIP Health Plan of NY		Director, Sales	payroll deduction - 5 per- iods @ \$50 per
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH INSURANCE PLAN OF GREC)	name and add	dress of any political committee to	o solicit contributions from such committee.
A. <u>5</u> N	Full Name (Last, First, Middle Initial) Susan Coleman Mailing Address 797 Heron Rd Dity Weston FEC ID number of contributing ederal political committee. Name of Employer Health Insurance Plan Adm-	State FL C		Date of Receipt M M M / D D / Y Y Y Y Y 1 2 3 1 2 0 0 7 Transaction ID: SA11AI.5017 Amount of Each Receipt this Period 250.00 payroll deduction - 5 periods @ \$50 per
<u>i</u>	n. Receipt For: Primary General Other (specify)	- 	g Director Year-to-Date ▼ 250.00	
B. <u>I</u>	Full Name (Last, First, Middle Initial) Lili Brillstein Cotenoff Mailing Address 105 Oakview Ave. City Maplewood FEC ID number of contributing ederal political committee. Vame of Employer HIP Health Plan of New Yo-k Receipt For: Primary General Other (specify)		Zip Code 07040 n Facility & Ancillary Svcs e Year-to-Date ▼	Date of Receipt M M
C	Full Name (Last, First, Middle Initial) Dominic D'Adamo Mailing Address Four Oak Spring Rd. Dity West Nyack FEC ID number of contributing ederal political committee. Name of Employer HIP Health Plan of New York Receipt For: Primary General Other (specify)	State NY C Occupation SVP Fina Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 2 0 0 7 Transaction ID: SA11AI.5066 Amount of Each Receipt this Period 750.00 payroll deduction - 5 periods @ \$150 per
	BTOTAL of Receipts This Page (optional) TAL This Period (last page this line number			1250.00

An		De	each category of the tailed Summary Page	(check only one) X 11a
or	y information copied from such Reports and for commercial purposes, other than using th	Statements may not be name and address	e sold or used by any person any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) HEALTH INSURANCE PLAN OF GR C)	EATER NEW YOF	RK FEDERAL PAC (HIF	PHEALTH PLAN FEDERAL PA-
	Full Name (Last, First, Middle Initial) Craig Effrain			Date of Receipt
	Mailing Address 21 Brandywine Dr.			12 31 2007
	City		ip Code	Transaction ID: SA11AI.5074
	Matawan	NJ ()7747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HIP Health Plan of NY	Occupation Attorney		payroll deduction - 5 per- iods @ \$50
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) John English			Date of Receipt
	Mailing Address 19281 Stonebrook St	12 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City		Zip Code	Transaction ID: SA11AI.5021
	Weston	FL 3	33322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Health Insurance Plan Adm- in.	Occupation Managing Dire	ector, IS	payroll deduction - 5 per- iods @ \$50 per
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Philip Gandolfo			Date of Receipt
	Mailing Address 12 Normandy Dr.			12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		ip Code	Transaction ID: SA11AI.5003
	<u>Farmingdale</u>	NY 1	11735	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer HIP Health Plan of New Yo- rk	Occupation SVP Melville (Operations	payroll deduction - 5 per- iods @ \$150 per
	Receipt For:	Aggregate Year-	•	
	Primary General Other (specify) ▼		750.00	
	UBTOTAL of Receipts This Page (optional) .			1250.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC For ITEMIZED RECEIPTS	n 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 18 (check only one) X
or for commercial purposes, other than NAME OF COMMITTEE (In Full) HEALTH INSURANCE PLAN	using the name and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. PHEALTH PLAN FEDERAL PA-
Full Name (Last, First, Middle Initia Arlene K Gartenberg Mailing Address 125 Cherry La			Date of Receipt
City	State	Zip Code	1 2 3 1 2 0 0 7 Transaction ID: SA11AI.5075
Teaneck FEC ID number of contributing federal political committee.	NJ C	07666	Amount of Each Receipt this Period 250.00
Name of Employer Health Insurance Plan of NY Receipt For: Primary General Other (specify) ▼	Occupation Strategic F Aggregate Y	Planning ✓ ear-to-Date ▼ 250.00	payroll deduction - 5 per- iods @ \$50 per
Full Name (Last, First, Middle Initia Donna Giuliano-Hajar Mailing Address 2166 W. 12th	,	0 0 0 0 0 0 0	Date of Receipt
City	State	Zip Code	1 2 3 1 2 0 0 7 Transaction ID: SA11AI.5079
Brooklyn FEC ID number of contributing federal political committee.	NY	11223	Amount of Each Receipt this Period 250.00
Name of Employer Health Insurance Plan of NY	Occupation Manager,	Network Development	payroll deduction - 5 per- iods @ \$50 per
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial James Greenidge	l)		Date of Receipt
Mailing Address 1545 S. Trafa	lgar Circle		12 12 2007
City Hollywood	State FL	Zip Code 33020	Transaction ID: SA11AI.4985 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00020	500.00
Name of Employer Health Insurance Plan of NY	Occupation Vice Presid		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (l optional)		1000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RE		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial pu NAME OF COMM HEALTH INSU	poses, other than using the name a ITTEE (In Full)	nts may not be sold or used by any personand address of any political committee to NEW YORK FEDERAL PAC (HIF	on for the purpose of soliciting contributions oscilicit contributions from such committee. PHEALTH PLAN FEDERAL PA-
Jim Karagiorgis	N'	ate Zip Code Y 11701	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employe HIP Health Plan Receipt For: Primary Other (spec	r Occ Exe Agg	ecutive gregate Year-to-Date ▼ 250.00	payroll deduction - 5 periods @ \$50 per
Full Name (Last, Thomas Ko Mailing Address City Freehold FEC ID number of federal political control of the political co	St N. f contributing mmittee. C r of NY General St N. Agg	ate Zip Code J 07728 supation a Processing gregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 2 0 0 7 Transaction ID: SA11AI.5101 Amount of Each Receipt this Period 250.00 payroll deduction - 5 periods @ \$50 per
Full Name (Last, Williams G. Lewis Mailing Address City New York FEC ID number of federal political companies of Employed Health Insurance NY Receipt For: Primary Other (specific Address)	f contributing mmittee. r Plan of	ate Zip Code Y 10021 supation nagement gregate Year-to-Date 500.00	Date of Receipt M M 3 1 2 0 0 7 Transaction ID: SA11AI.5102 Amount of Each Receipt this Period 500.00 payroll deduction - 5 periods @ \$100 per
SUBTOTAL of Rec	eipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH INSURANCE PLAN OF GF C)	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Lawrence Liptak Mailing Address 3 Patricia Ct.			Date of Receipt 1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.5105
	Lumberton FEC ID number of contributing federal political committee.	C	08048	Amount of Each Receipt this Period 250.00
	Name of Employer Health Insurance Plan of NY Receipt For: Primary General Other (specify) ▼	_ '	g Director e Year-to-Date ▼ 250.00	payroll deduction - 5 periods @ \$50 per
	Full Name (Last, First, Middle Initial) Edward Lucy Mailing Address 75 McCann Dr.	1		Date of Receipt 1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.5108
	<u>Ottsville</u>	PA	18942	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Health Insurance Plan of NY	Occupation Executiv	е	payroll deduction - 5 periods @ \$150
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	Full Name (Last, First, Middle Initial) Daniel T. McGowan			Date of Receipt
	Mailing Address 14 Gina Drive			1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.5114
	Centerport	NY	11721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Health Insurance Plan of NY	- ' '	t / C.O.O.	payroll deduction - 5 periods @ \$300 per
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HEALTH INSURANCE PLAN OF COMMITTEE (In Full)	nd Statements may not be sold or used by any p the name and address of any political committee GREATER NEW YORK FEDERAL PAC (e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Neil Meyerkopf Mailing Address 39 Claremont Ave. Apt. 31 City New York FEC ID number of contributing federal political committee. Name of Employer Health Insurance Plan of NY	State Zip Code NY 10027 C Occupation Health Care Management	Date of Receipt M M M
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial) Carmine Morano Mailing Address 33 Finlay St.		Date of Receipt 1 2 3 1 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.4994
Staten Island	NY 10307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer PerfectHealth Insurance Co.	Occupation President	payroll deduction - 5 per- iods @ \$100 per
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	•
Full Name (Last, First, Middle Initial) Christine O'Connor	-	Date of Receipt
Mailing Address 12 Breeze Hill Rd		1 2 3 1 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.5125
New Hampton	NY 10958	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer HIP Health Plan	Occupation Managing Director, L&G Marketing	payroll deduction - 5 per- iods @ \$50 per
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (option	al)	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTH INSURANCE PLAN OF GRE	e name and add	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Glenn Polansky Mailing Address 51 Finch Rd. City Ringwood FEC ID number of contributing federal political committee. Name of Employer Health Insurance Plan of NY Receipt For:	State NJ C Occupation Health Ca	Zip Code 07456	Date of Receipt M M M / D D / 2 0 0 7 Transaction ID: SA11AI.4960 Amount of Each Receipt this Period 250.00
– B.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Leonard Reich	0 0	250.00	Date of Receipt
	Mailing Address 33 Rusco St. City Huntington FEC ID number of contributing federal political committee. Name of Employer Health Insurance Plan of NY Receipt For: Primary General Other (specify) ▼	State NY C Occupation Psycholo Aggregate		Transaction ID: SA11AI.5138 Amount of Each Receipt this Period 500.00 payroll deduction - 5 periods @ \$100 per
- С.	Full Name (Last, First, Middle Initial) Araksi Sarafian Mailing Address 1410 Pullman Pointe (City Henderson FEC ID number of contributing federal political committee. Name of Employer HIP Health Plan of New York Receipt For: Primary General Other (specify)	State NV C Occupation Chief Pha	Zip Code 89012 armacy Officer Year-to-Date 500.00	Date of Receipt M
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a	
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) HEALTH INSURANCE PLAN OF GF	HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHE			
Full Name (Last, First, Middle Initial) Vincent Scicchitano				
Mailing Address 11 Roy Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: SA11AI.5154	
Nesconset FEC ID number of contributing federal political committee.	C	11767	Amount of Each Receipt this Period 750.00	
Name of Employer Health Insurance Plan of NY	Occupation Senior Vi	n ice President	payroll deduction - 5 per- iods @ \$150 per	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00		
Full Name (Last, First, Middle Initial) Himanshu Shah			Date of Receipt	
Mailing Address 58 Canton Rd.			12 31 2007	
City	State NJ	Zip Code 07054	Transaction ID: SA11AI.5156	
Parsippany FEC ID number of contributing federal political committee.	C	07034	Amount of Each Receipt this Period 250.00	
Name of Employer HIP Health Plan of New Yo-	Occupation	n g Director - Bus. Developme	payroll deduction - 5 per- iods @ \$50 per	
Receipt For: Primary General Other (specify) ▼	_ ' 	e Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) DeWitt Smith			Date of Receipt	
Mailing Address 93 Barrett Lane			M M / D D / Y Y Y Y Y Y Y 1 2 0 0 7	
City	State	Zip Code	Transaction ID: SA11AI.5159	
Wykoff FEC ID number of contributing federal political committee.	C	07481	Amount of Each Receipt this Period 750.00	
Name of Employer Health Insurance Plan of NY		les and Marketing	payroll deduction - 5 per- iods @ \$150 per	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00		
SUBTOTAL of Receipts This Page (optional)			1750.00	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 18 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full) HEALTH INSURANCE PLAN OF GF	he name and add	lress of any political committee to	o solicit contributions from such committee.
∠ \ .	C) Full Name (Last, First, Middle Initial) John H Steber Mailing Address 201-54 W. Shearwat	Date of Receipt		
	City	State	Zip Code	1 2 3 1 2 0 0 7 Transaction ID: SA11AI.5161
	Jersey City	NJ	07305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer HIP Health Plan of New Yo- rk	Occupation Executive		payroll deduction - 5 per- iods @ \$200 per
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Leslie Strassberg Mailing Address 28 Valley Rd.			Date of Receipt
				12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.5165
	Scarsdale FEC ID number of contributing federal political committee.	C	10583	Amount of Each Receipt this Period 750.00
	Name of Employer Health Insurance Plan of NY	Occupation Actuary	1	payroll deduction - 5 periods @ \$150 per
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	
	Full Name (Last, First, Middle Initial) Nena Tahil Mailing Address 400 9th St.			Date of Receipt
	Apt W56			12 31 2007
	City Hoboken	State NJ	Zip Code 07030	Transaction ID: SA11AI.5167 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07030	250.00
			n dministration	payroll deduction - 5 per- iods @ \$50 per
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00

A.

В.

PAGE 17/18 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PAC) Full Name (Last, First, Middle Initial) Date of Receipt Pedro Villalba Mailing Address 992 Rock Rimmon Rd. 12 2007 10 City State Zip Code Transaction ID: SA11AI.4983 Stamford CT 06903 Amount of Each Receipt this Period FEC ID number of contributing 750.00 C federal political committee. Name of Employer HIP Health Plan of New Yo-Occupation Information Systems Receipt For: Aggregate Year-to-Date General Primary 750.00 Other (specify) Full Name (Last, First, Middle Initial) Kathleen Walsh Date of Receipt Mailing Address 13 Cayuga Rd. 31 2007 City Transaction ID: SA11AI.5168 State Zip Code Cranford NJ 07016 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. payroll deduction - 5 periods @ \$50 per Name of Employer HIP Occupation Manager Receipt For: Aggregate Year-to-Date

250.00

SUBTOTAL of Receipts This Page (optional)	•	1000.00		
TOTAL This Period (last page this line number only)	<u> </u>	16250.00		

Primary

Other (specify)

General

В.

President District:

ug.	5// 2 555515 2 555					
S	CHEDULE B (FEC Form 3X)	Use separate schedule(s			NUMBER: PAGE 18/18	_
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	, (c	heck only 21b 27	7 one) 22 X 23 24 25 26 28 28c 29 30	
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam					
\rangle	NAME OF COMMITTEE (In Full) HEALTH INSURANCE PLAN OF GREATIC)	ER NEW YORK FEDER/	AL PAC	C (HIPHE	EALTH PLAN FEDERAL PA-	
	Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS Mailing Address 438 Lewis Avenue				Transaction ID: SB23.5183 Date of Disbursement	
	City Brooklyn	State Zip Code NY 11233			Amount of Each Disbursement this Period	
	Purpose of Disbursement		Ů		5000.00	
	Candidate Name EDOLPHUS TOWNS		Cateo Typ			
	Senate X	ement For: 2008 Primary General Other (specify)				
	State: NY District: 10					_
	Full Name (Last, First, Middle Initial) National Leadership PAC				Transaction ID: SB23.5179 Date of Disbursement	
	Mailing Address PO Box 5577				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix} $	
	City Manhattanville Sta	State Zip Code NY 10027			Amount of Each Disbursement this Period	_
	Purpose of Disbursement		01	1	2500.00	
	Candidate Name		Cateo Typ			
	Senate	ement For: 2007 Primary General Other (specify)				

SUBTOTAL of Disbursements This Page (optional)	•	7500.00
TOTAL This Period (last page this line number only)	•	7500.00

State: